

FILE COPY

STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY  
PROCEEDINGS AGAINST

MICHAEL E. DAM, M.D.,  
RESPONDENT.

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:  
:  
:

FINAL DECISION  
AND ORDER  
LS911211MED

The State of Wisconsin, Medical Examining Board, having considered the above-captioned matter and having reviewed the record and the Proposed Decision of the Administrative Law Judge, makes the following:

ORDER

NOW, THEREFORE, it is hereby ordered that the Proposed Decision annexed hereto, filed by the Administrative Law Judge, shall be and hereby is made and ordered the Final Decision of the State of Wisconsin, Medical Examining Board.

The rights of a party aggrieved by this Decision to petition the Board for rehearing and the petition for judicial review are set forth on the attached "Notice of Appeal Information."

Dated this 19 day of February, 1992.

B. Jan Novacek

STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	
	:	
MICHAEL E. DAM, M.D.,	:	PROPOSED DECISION
RESPONDENT.	:	LS911211MED
	:	

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The parties to this proceeding for the purposes of Wis. Stats.,  
sec. 227.53 are:

Michael E. Dam, M.D.  
P.O. Box 97  
Haines City, FL 33844

Medical Examining Board  
P.O. Box 8935  
Madison, Wisconsin 53708

Department of Regulation & Licensing  
P.O. Box 8935  
Madison, Wisconsin 53708

This proceeding was commenced by the filing of a Complaint on December 11, 1991. On January 28, 1992, the Complainant filed a request to dismiss the Complaint filed in the above-captioned matter. Based upon the record herein, the Administrative Law Judge recommends that the Medical Examining Board adopt as its final decision in this matter the following Findings of Fact, Conclusions of Law and Order.

**FINDINGS OF FACT**

1. Michael E. Dam, M.D., Respondent herein, mailing address P.O. Box 97, Haines City, Florida 33844, was at all times material to the Complaint filed in this matter, a physician duly licensed and registered to practice medicine and surgery in the State of Wisconsin, license #14279, which was granted on April 16, 1962.

2. A Certificate of Death dated December 2, 1991, states that Michael Edward Dam, Jr., M.D., died on November 29, 1991, in Davenport, Florida "due to or as a consequence of myocardial infarction".

CONCLUSIONS OF LAW

1. The Medical Examining Board has jurisdiction in this matter pursuant to s. 448.02 Wis. Stats., and s. MED 10.02 (2) Wis. Adm. Code.

ORDER

**NOW, THEREFORE, IT IS ORDERED** that the Complaint filed in this matter, be and hereby is DISMISSED.

OPINION

The Complainant filed two documents with the Administrative Law Judge, a "Correspondence/memorandum", dated January 28, 1992, and a copy of a Certificate of Death (Attachment #1). The Certificate of Death states that Michael Edward Dam, Jr., M.D., died on November 29, 1991, in Davenport, Florida "due to or as a consequence of myocardial infarction". Based upon the documents filed herein, the Administrative Law Judge recommends that the Complainant's request to dismiss the Complaint filed in this matter be granted.

Dated this 7<sup>th</sup> day of February, 1992.

Respectfully submitted,

*Ruby Jefferson-Moore*

Ruby Jefferson-Moore  
Administrative Law Judge

**CORRESPONDENCE/MEMORANDUM**

**STATE OF WISCONSIN**

**DATE:** January 28, 1992                      **FILE REF:** Michael E. Dam, M.D., 90 MED  
369

**TO:** George Arndt, M.D., Chairman, Medical Examining Board

**FROM:** Roger R. Hall, DOE

**SUBJECT:** Case Status

The above matter is scheduled for hearing on April 22, 1992. Dr. Dam had been disciplined in Florida for failure to properly treat a patient that had been hospitalized for emergency treatment procedures. Dr. Dam was a graduate of the Marquette University Medical School, but he had not practiced medicine in Wisconsin.

The attached Certificate of Death reflects that he died on November 29, 1991. The Department received the notification of his death from Mrs Dam.

This case should be dismissed for lack of jurisdiction.

## STATE OF FLORIDA

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last) <b>MICHAEL EDWARD DAM, JR., MD.</b>		2. SEX <b>MALE</b>		
3. DATE OF DEATH (Month, Day, Year) <b>NOVEMBER 29, 1991</b>	4. SOCIAL SECURITY NUMBER <b>388-32-2296</b>	5a. AGE-Last Birthday (years) <b>58</b>	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 Day Hours _____ Minutes _____
6. DATE OF BIRTH (Month, Day, Year) <b>MARCH 6, 1933</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>ARAD-NOU, ROMANIA</b>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>YES</b>	
9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____			9b. INSIDE CITY LIMITS? (Yes or No) <b>NO</b>	
9c. FACILITY NAME (If not institution, give street and number) <b>1616 CHAMPAGNE ROAD</b>		9d. CITY, TOWN, OR LOCATION OF DEATH <b>DAVENPORT</b>		9e. COUNTY OF DEATH <b>POLK</b>
10a. DECEDENT'S USUAL OCCUPATION <b>DOCTOR</b>	10b. KIND OF BUSINESS/INDUSTRY <b>MEDICAL</b>	11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>	12. SURVIVING SPOUSE (If wife, give maiden name) <b>MARY PACIOTTI</b>	
13a. RESIDENCE — STATE <b>FLORIDA</b>	13b. COUNTY <b>POLK</b>	13c. CITY, TOWN, OR LOCATION <b>DAVENPORT</b>	13d. STREET AND NUMBER <b>1616 CHAMPAGNE ROAD</b>	
13e. INSIDE CITY LIMITS? (Yes or No) <b>NO</b>	13f. ZIP CODE <b>33837</b>	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____		15. RACE — American Indian, Black, White, etc. Specify: <b>WHITE</b>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) _____ College (13-16) _____				
17. FATHER'S NAME (First, Middle, Last) <b>MICHAEL EDWARD DAM, SR.</b>		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>KATHERINA NEFF</b>		
19a. INFORMANT'S NAME (Type/Print) <b>MARY DAM</b>		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>P. O. BOX 97, HAINES CITY, FLORIDA, 33845</b>		
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>FOREST HILL CEMETERY</b>		20c. LOCATION — City or Town, State <b>HAINES CITY, FLORIDA</b>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William R. Yates</i>		21b. LICENSE NUMBER (of Licensee) <b>2128</b>	21c. NAME AND ADDRESS OF FACILITY <b>LANE-HOLT FUNERAL HOME P.O. BOX 685 HAINES CITY, FLORIDA, 33845</b>	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>Patricia A. Meyer MD</i>		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) _____		
22b. DATE SIGNED (Mo., Day, Yr.) <b>12/2/91</b>		22c. HOUR OF DEATH <b>11:45 P.</b>		23b. DATE SIGNED (Mo., Day, Yr.) _____
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____		23c. HOUR OF DEATH _____		23d. PRONOUNCED DEAD (Mo., Day, Yr.) _____
23e. PRONOUNCED DEAD (Hour) _____				
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <i>Patricia A. Meyer MD 235 Commonwealth Ave Park City Fl 326</i>				
25a. SUBREGISTRAR — SIGNATURE AND DATE <i>Patricia A. Meyer December 3, 1991</i>		25b. LOCAL REGISTRAR — SIGNATURE <i>Elizabeth J. ...</i>		25c. DATE REGISTERED <b>Dec 3, 1991</b>
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>Myocardial Infarction</i> DUE TO (OR AS A CONSEQUENCE OF): <i>Diabetes Mellitus</i> DUE TO (OR AS A CONSEQUENCE OF): <i>Hypertension</i> DUE TO (OR AS A CONSEQUENCE OF): <i>Obesity</i>  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____		27a. WAS AN AUTOPSY PERFORMED? _____		27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION _____
28. CASE REPORTED TO MEDICAL _____				

## **NOTICE OF APPEAL INFORMATION**

**(Notice of Rights for Rehearing or Judicial Review,  
the times allowed for each, and the identification  
of the party to be named as respondent)**

**The following notice is served on you as part of the final decision:**

### **1. Rehearing.**

**Any person aggrieved by this order may petition for a rehearing within 20 days of the service of this decision, as provided in section 227.49 of the Wisconsin Statutes, a copy of which is attached. The 20 day period commences the day after personal service or mailing of this decision. (The date of mailing of this decision is shown below.) The petition for rehearing should be filed with the State of Wisconsin Medical Examining Board.**

**A petition for rehearing is not a prerequisite for appeal directly to circuit court through a petition for judicial review.**

### **2. Judicial Review.**

**Any person aggrieved by this decision has a right to petition for judicial review of this decision as provided in section 227.53 of the Wisconsin Statutes, a copy of which is attached. The petition should be filed in circuit court and served upon the State of Wisconsin Medical Examining Board**

**within 30 days of service of this decision if there has been no petition for rehearing, or within 30 days of service of the order finally disposing of the petition for rehearing, or within 30 days after the final disposition by operation of law of any petition for rehearing.**

**The 30 day period commences the day after personal service or mailing of the decision or order, or the day after the final disposition by operation of the law of any petition for rehearing. (The date of mailing of this decision is shown below.) A petition for judicial review should be served upon, and name as the respondent, the following: the State of Wisconsin Medical Examining Board.**

**The date of mailing of this decision is February 24, 1992.**